

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE EXAMINING BOARD

INFORMATION FOR COMPLETING REAL ESTATE BROKER BUSINESS ENTITY APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Real Estate Broker Business Entity License (Form #815)**
2. **\$75.00 Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Consent to Examine and Audit Trust Account (Form #814)** – Complete if your business is required to maintain a Trust Account as described in Wis. Admin. Code § REEB 18.
4. **Irrevocable Consent for Nonresidents (Form #813)** – Complete if your business is located outside Wisconsin.

Change in Business Representative

If there is a change in any of the business representatives, the change shall be reported to the Board within 30-days after the effective date of the change by submitting this form. No fee is required.

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APPLICATION FOR REAL ESTATE BROKER BUSINESS ENTITY LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Name of Business Entity <input type="text"/>		Trade Name (if applicable) <input type="text"/>
Address of Business Entity (street, city, state, zip) <input type="text"/>		Main Office Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Mailing Address (if different) <input type="text"/>		Business FEIN <input type="text"/> - <input type="text"/>
Type of Business: <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="text"/>		
Has the entity been licensed in Wisconsin as a Real Estate Business Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list credential number: <input type="text"/>		
Email Address <input type="text"/>		
Business Representative Information (attach additional sheet(s) if there are additional business representatives)		
Name of Licensed Individual Broker or Business Entity <input type="text"/>		WI License Number <input type="text"/>
Address of Licensed Individual Broker or Business Entity (street, city, state, zip) <input type="text"/>		Main Office Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Occupation(s) during the last two (2) years <input type="text"/>		

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **Initial Credential Fee**
\$ 75.00 Total Fee Attached
- ☐ **Reinstatement Fee** (credential expired more than five (5) years)
\$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$100.00 Total Fee Attached
- ☐ **Change in Business Representative** (no fee)

For Receipting Use Only (91)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions (DFI). To confirm your status, you must first contact DFI at 608-261-7577 or at www.wdfi.org/corporations, then **check one** of the statements below:

☐ The Business Entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the Business Entity has met current legal requirements to engage in business in Wisconsin, and has completed the Convictions and Pending Charges (**Form #2252**), if applicable

☐ The Business Entity identified above **has not filed documents**, as described above, with another Wisconsin agency, because the Business Entity is not required to do so.

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Has the business entity or any of its business representatives ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the firm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action the business entity or any of its business representatives, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the business entity or any of its business representatives in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the firm and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the business entity or any of its business representatives ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or you have any felony, misdemeanor or other violation of federal, state, or local law charges pending in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the business entity as a result of professional services? If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the business entity or any of its business representatives registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the business entity or any of its business representatives ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Business Representative:

Date: / /